

uterus only recently evacuated. In the fundus of the uterus, it was now my extreme good fortune to find adherent an irregular lacerated patch of chorionic membrane, about four inches long and an inch broad. It was found to be fetid. After this, I left the patient. Both pulse and temperature fell in a marked manner after this operation. The alarming appearance and symptoms disappeared. The pulse remained high for several days; but the extreme anxiety of the physician and friends was subdued for good. The fœtor of the discharge was recognized by the nurse after my visit, but only at first, or for less than a day.

While, as is well known, there is often insuperable difficulty in classifying cases of so-called puerperal fever under the heads pyæmia, septicæmia, ichoræmia, there can in this instance be no hesitation in designating the disease as simple septicæmia. Such cases are familiar to the gynæcologist. A decomposing uterine fibroid, a decomposing blood-clot in a hæmatocele, produce shiverings, sweatings, vomiting, delirium, high pulse, high temperature: a most alarming combination of symptoms, which, on the removal of their cause, is dissipated with extraordinary rapidity, in a few hours, as if by a charm. Such was the fortunate course of events in the case just narrated; but, had the putrefying membrane continued much longer in a puerperal uterus, a fatal result was probable.

In the case which I have narrated, the greatest care and attention did not secure the complete withdrawal of the membranes. The position of the persistently remaining shred renders it unlikely that any forceps would have reached it and removed it entirely; nor is it probable that it would have come away in the discharges early enough to allow of the preservation of life, already most seriously threatened. It is under these circumstances that I propose the new operation of investigating the interior of the uterus by the carefully carbolyzed hand of the accoucheur, with a view to finding and removing decomposing substance. In such a state of matters, I have hitherto used the practice of Baudelocque;¹ namely, antiseptic intra-uterine injections. I employ a double catheter, and I have repeatedly had reason to be satisfied with the results. But, in the cases where I have used this treatment successfully, there has not been washed out by the injections any shred of hidden membrane; and I very much doubt whether injections in the case which I have narrated, would have produced this supreme result; for, besides the difficulty of directing the current so as to envelop and remove the adherent membrane, there is the absence of any knowledge where the hidden membrane is—absence, perhaps, even of suspicion of its presence.

There is, of course, as yet, no properly formed professional opinion as to the length of time after delivery during which it is possible to introduce the whole hand into the uterus in a natural case; and it is the whole hand that has to be introduced with a view to doing completely the operation I propose. The nearest approach to conditions similar to those of my case is found in instances of retention of the placenta. Active interference in this morbid condition implies introduction of fingers, and often of the whole hand; and the difficulty feared is contraction of the internal os uteri or higher up.

The Septic Influence of Lochial Discharge.

In a treatise published at Giessen, Prof. KEHRER describes a series of experiments undertaken in order to ascertain the poisonous influence of normal and abnormal lochial fluids at different periods after parturition. The lochial fluid was taken daily for from five to seven days after delivery, and its effect was tried in two different ways; first, by injection under the skin of rabbits, and secondly by inoculation of the parturient women themselves. The author arrived at the

¹ System of Midwifery, Heath's translation, vol. ii. p. 25.

following results: In all cases, even when the course of the puerperal state was perfectly normal, the lochial fluid injected into rabbits produced extensive inflammation and suppuration in the cellular tissue at and around the point of injection. In many cases the lochial fluid, even of the first day, produced diffuse phlegmonous inflammation, in others this was only produced by the lochia of the second or third day. The intensity of the effect increased in proportion to the time which had elapsed since delivery, within the limit of the period of observation; but it was not ascertained precisely when the maximum was reached, or when the poisonous quality had disappeared. The author concluded, however, that this would be the case when the discharge had become purely mucous. The later lochia of healthy puerperal women produced abscesses similar to those caused by putrid lochia in the earliest days. The constitutional disturbance associated with the abscesses increased in a similar ratio, in proportion to the date of the lochia. The diurnal temperature of the animals experimented upon showed a certain resemblance to that of the puerperal women in whom the lochia were putrid. The blood which flowed from the genitals immediately after delivery proved to be comparatively harmless when injected subcutaneously. One exception, however, to this rule occurred, a case in which a slough was formed at the point of injection, and the cellular tissue beneath became infiltrated with pus. The author considered, however, that this might have arisen from some want of care in filtering the blood or making the injection.

The result of experiments by inoculation upon the puerperal women themselves was that the lochial fluid of the first and second day produced scarcely any reaction, only in some cases a slight appearance of inflammation. That of the third and later days, however, produced decided inflammation, but only of a slight and limited character, if taken from a healthy puerperal woman. The results of inoculation thus differed somewhat from those of subcutaneous injections in rabbits, in which normal lochia of the later days produced as acute an inflammation as putrid lochia. In cases where any puerperal disorder occurred, the inoculation produced a higher degree of inflammation, and this occurred, not only with putrid lochial fluid, but with that which, to the senses, did not appear other than normal, a fact which has great importance in reference to the etiology and prophylaxis of puerperal septicæmia. The first marked rise of temperature did not coincide in time with the appearance of this poisonous quality in the discharge, but in some cases occurred earlier, and in some later.—*Obstetrical Journal of Great Britain*, Nov. 1877, from *Archiv für Gynäkologie*, B. xi. H. 2.

Mammary Abscess treated Antiseptically.

DR. JAMES CARMICHAEL reports (*Edinburgh Med. Journal*, Oct. 1877) the following case where the antiseptic method of treatment contrasted most favourably with the old:—

Mrs. B., multipara, of somewhat delicate constitution, fell in labour on the 15th of November. I saw her about six hours after. On examination, the breech presented at the outlet. During the interval between the pains, the feet were brought down, and delivery was easily effected. All went on well till the third day, when the breasts became gorged, and she had an attack of ephemeral fever, which passed off in a few hours in the usual way. The child took the breast lazily, and both nipples became sore. Glycerine of tannin was applied, and the child allowed to take the breast only through a shielded teat. The patient continued to recover slowly, and was able to be up on the eleventh day. The nipples, however, were still troublesome, but otherwise she appeared well. On the fifteenth day the right breast was painful, and a hardness could be felt in the submammary tissue fixing the breast to the pectoralis muscle. The swelling